



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
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DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

Informational Letter No. 711

May 19, 2008

TO: Iowa Medicaid Psychiatric Medical Institutions for Children (PMIC) Providers
FROM: The Iowa Department of Human Services, Iowa Medicaid Enterprise
RE: Annual Seclusion and Restraint Attestation Letters

This letter is a second reminder to PMIC providers of the requirement to adhere to federal regulations regarding the use of seclusion and restraint.

The Code of Federal Regulations at 42 CFR 483.350 through 483.376 establishes standards for the use of restraint and seclusion in psychiatric residential treatment facilities (PTRFs) providing inpatient psychiatric services to individuals under age 21. These rules apply to all PMIC providers enrolled with Iowa Medicaid, and compliance with these regulations is a condition of participation in the Iowa Medicaid program. You are advised to review these regulations closely. They can be found online at: http://www.access.gpo.gov/nara/cfr/waisidx_07/42cfr483_07.html.

Iowa Medicaid policy requires that PMIC providers submit an annual written attestation statement to attest that each facility is in compliance with these standards. The attestation statement must be signed by the facility director. When a new director is appointed, a new written attestation statement must be sent to the state Medicaid agency. **Attestation letters must be received by the Iowa Medicaid Enterprise (IME) by July 1, 2008. Providers who are not in compliance by that date will have their enrollment as a PMIC provider terminated.** Attestation letters should be sent to:

Attn: Don Gookin, PMIC Program Manager
Iowa Medicaid Enterprise
100 Army Post Rd.
Des Moines, IA 50315

Additionally, the reporting requirements in this section of the federal regulations require facilities to report all serious occurrences such as a resident's death or serious injury to the state Medicaid agency, and the state's designated protection and advocacy agency. To fulfill this requirement, such reports should be sent to the Iowa Medicaid Enterprise at the above address, as well as to:

Iowa Protection and Advocacy Services
950 Office Park Rd., Suite 221
West Des Moines, IA 50265

In the event of the death of a resident, facilities must report the death to the regional office of the Centers for Medicare and Medicaid Services (CMS) in addition to the state Medicaid agency, and the state's designated protection and advocacy agency. This report should be sent to:

CMS – Region 7
Division of Medicaid and Children's Health
Richard Bolling Federal Building, Room 235
601 East 12th Street
Kansas City, MO 64106

All of the above reports must also be documented in the resident's file and in the incident and accident report logs kept by the facility. The Iowa Department of Inspections and Appeals, which licenses PMIC facilities under Iowa Code chapter 135H, is responsible for ascertaining further compliance with this requirement. The Department of Inspections and Appeals may be contacted at:

Iowa Department of Inspections and Appeals
Health Facilities Division
321 E. 12th St.
Des Moines, IA 50319

Any questions regarding this can be directed to Don Gookin at: dgookin@dhs.state.ia.us or (515) 725-1141.